) <b>318</b> .		FOCKIO	
S. No. 2	B	EALTH OF MISSOURI 36726	
0M—2-43 -: 5-17-39	EILEN REC 13 1943 STANDARD CERTII		-
©I X35697	Registration District No. 318 Primary Registration Dist	rict No. 1003 Registrar's No. 10619	
	1. PLACE OF DEA FIL:	2. USUAL RESIDENCE OF DECEASED:	-
	(c) County St. Louis Missouri.	Maria 17	
	(b) City or town	(a) State // (b) County	<b>j</b> •
ည္က	(ff outside city or town limits, write "fitlital," and name of township) (c) Name of hospital or institution:	(c) City or town All All All All All All All All All Al	<b>,-</b>
RE	St. Louis City Hospital-Mex C. Starkloff (If not in hospital or institution, write street number or location)	Mesocial 2509 Column AV.	
LU	(d) Length of stay: In hospital or institution	(Hrural, give location)	
Z	In this community (Specify whether	(e) Citizen of foreign country? (Yes or No	<b>)</b>
MA	years, munths or days)	If yes, name country.	<u>.</u>
PERMANENT RECORD	3. (a) PRINT Loue Morris	MEDICAL CERTIFICATION	
ΑP		20. DATE OF DEATH: Month Decembers, 2nd	•••
E /	3. (b) If veteran, 3. (c) Social Security	year 1943 hour 1:15 minute A. M	1.
AK	name war No	21. I hereby certify that I attended the deceased from Novmber	•
-MAKE	5. Color or 6. (a) Single, widowed, married.	25th 1943 to December 2nd 1943	3
	4. Sex Semale / race Will 2 divorce Willow	that I last saw her alive on December 2nd 19.43 and that death occurred on the date and hour stated above.	}
INK	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	Immediate cause of death	í
×	18/8	Toler menon	
ľ	7. Birth date of deceased (Month) (Day) (Year)		
UNFADING BLACK	8. AGE: Years Months Days If less than one day	Due to	
NG	714 11 79	1 1 1	•••
IQ	7 - 1 - hrmin.	Due to	•
(FA	9. Birthplac Tullow / Kuttuckey		
5	(State or foreign couple)  10. Usual occupation Townsewife	Other conditions	
USE		(Include prognancy within 3 months of death)  PHYSICIA	_
ä	11. Industry or business	Major findings:	А
<b>,</b>	12. Name The State of the Think of	Of operations Underling the cause t	ne
<u> </u>	(State or foreign confirs)	Of autopsy Consultation is bould be	th
WRITE PLAINLY	14. Maiden nama/hauce / hassey	charged structured in the charge of the char	2-
<u>a</u>	15. Birthplace Linking That Linking (State or foreign county)	22. If death was due to external causes, fill in the following:	-
Ē	16. (a) Informant a. T. Wright	(a) Accident, suicide, or homicide (specify)	
VR	(b) Address 2569 Caleman Rt.	(b) Date of occurrence	***
	17. (a) Bireal (b) Date thereof Dec 4, 1940,	(c) Where did injury occur?	
	(Burial, cremation, or removal)	(d) Did injury occur in or about home, on farm, in industrial place, in public place	e?
	(c) Place: burial or cremation	(Specify type of plans)	
	18. (a) Signature of funeral director.	While at work? (Specify type of place)  (c) Means of injury.	
	(b) Address 773 VVVIII 3 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	23. Signature & M.D. orpther)	2
	19. (a) Ute (19/4(b) (Registrar's signature)	Address 1515 Lafayette Ave. Date signed	<u>ر</u>
	(Licensed Embalmer's S	atement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER				
r				
I hereby certify that the body whose name is reco	rded on the reverse side of this certificate was embalmed by me, or by			
	Registered Apprentice No,			
working under my personal supervision.	/ 1 - (			
	Welliam J. This area			
	Signed 41 for the signed LL 2 1 G			
	Licensed Embalmer No			
	P. O. Address St Laws Man			
Note: The above MUST BE SIGNED BY T	HE LICENSED EMBALMER in his OWN HANDWRITING., (Failure to comply with			

, the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.